

APR 14 2014

NPDES Permit Tracking No.:
MAR05DF51



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

RECEIVED
APR 7 2014
By _____

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: WILLIAM F SULLIVAN CO. INC.

2. NPDES Permit Tracking No.: MAR05DF51

3. Facility Physical Address:

a. Street: 107 APPLETON STREET

b. City: HOLYOKE c. State: MA d. Zip Code: 01040

4. Lead Inspectors Name: J CLAIRBORNE THORNTON Title: CONSULTING ENGINEER

Additional Inspectors Name(s): BRIAN POWELL JR VICE PRESIDENT

5. Contact Person: BRIAN POWELL JR Title:

Phone: 413 - 539 - 9664 Ext. E-mail: BRIANPOWELL@SULLIVANMETALS.COM

6. Inspection Date: 08 / 14 / 2013

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☒ YES ☐ NO
If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place.

W. Z. BAUMGARTNER & ASSOCIATES, INC.
ENVIRONMENTAL ENGINEERS AND CONSULTANTS

P.O. BOX 680369 • FRANKLIN, TN 37068-0369
1113 MURFREESBORO RD., SUITE 310 • FRANKLIN, TN 37064
615-595-0025 • FAX 615-595-1595

LETTER OF TRANSMITTAL

TO: Mr. Brian Powell William F. Sullivan & Co., Inc. 106 Appleton Street Holyoke, MA 01040	DATE	September 18, 2013
	PROJECT NO	96075
	RE:	SWPPP

WE ARE SENDING YOU: ☒ Attached ☐ Previously faxed ☐ Under separate cover
VIA: ☐ Overnight ☐ 2nd Day ☒ Regular

THE FOLLOWING ITEMS: ☐ Exhibits ☐ Shop Drawings ☐ Permit Applications
☒ Report ☐ Survey ☐ Change Order
☐ Plans ☐ Specifications ☐ Other

COPIES	DATE	PGS	DESCRIPTION
1	08/14/13		Annual Comprehensive Site Compliance Evaluation
1	08/16/13		Updated Facility Map

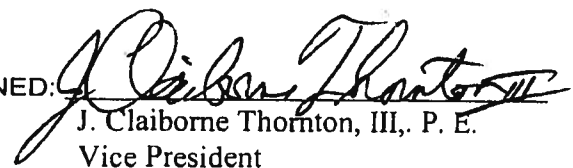
THESE ARE TRANSMITTED as checked below:

- | | | |
|--|---|---|
| <input type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> Return when complete | |

REMARKS: Please insert the Annual Inspection into the correct Appendix of your SWPPP and replace the updated Facility Map in the SWPPP. Please call if you have any questions.

COPY TO:

SIGNED:


J. Claiborne Thornton, III., P. E.
Vice President

ph

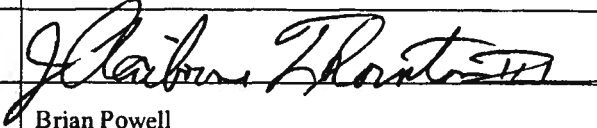
If enclosures are not as noted, kindly notify us at once.

STORM WATER POLLUTION PREVENTION PLAN**ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION**

Instructions: The comprehensive site compliance evaluation is required to inspect and assess the effectiveness of the SWPPP.

1. This inspection must be conducted annually by one or more qualified employees or designated representatives that are knowledgeable of the Facility's industrial activity and SWPPP requirements.
2. Inspect the facility using the Quarterly Inspection Checklist, particularly focusing on the exposed materials, structural controls, BMPs, housekeeping, spill prevention, and the area immediately downstream of the Facility's outfall(s).
3. Thoroughly review all records required as part of the Permit and SWPPP.
4. Complete this report and attach a narrative discussion of the compliance with the SWPPP.
5. Provide remedy for any SWPPP non-compliance discovered and update the SWPPP as required.
6. Keep the report with the SWPPP.

Part 1 — General Information

Facility:	William F. Sullivan Co.		
Site Compliance Evaluation Date:		Site Inspection Date:	08/14/13
Inspector Name(s) and Title:	J. Claiborne Thornton III. V. P. of W. Z. Baumgartner & Assoc., Inc.		
Inspector Signature:			
Facility Representative:	Brian Powell		

Part 2 — Site Inspection Evaluation**Assessment of Areas Contributing to a Storm Water Discharge**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Were all areas of exposed materials evaluated?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Is the SWPPP inventory of exposed materials and potential sources current?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Is the drainage system clear of exposed materials that may cause non-compliance with the SWPPP?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Are materials handled in reasonable manner as to prevent storm water pollution in accordance with standard operating procedures and Best Management Practices?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are there any instances of noncompliance with the SWPPP related to exposed materials?

Part 2 — Site Inspection Evaluation	
Assessment of Structural Controls	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were all structural controls inspected?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are structural controls used at the facility effective?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are structural controls properly maintained?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Are there any instances of noncompliance with the SWPPP related to structural controls?
Assessment of Non-Structural Controls	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were all non-structural controls evaluated?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are the Facility's non-structural BMPs being implemented?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are good housekeeping measures being implemented?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are spill prevention measures being implemented?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are the non-structural controls effective? (If NO, indicated which _____)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Are there any instances of noncompliance with the SWPPP related to non-structural controls?
Assessment of Downstream Areas	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were all areas downstream of facility outfalls that are reasonably accessible inspected?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are erosion and sediment controls for the facility protecting downstream watersheds?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are downstream areas free of prohibited discharges in accordance with the permit?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Is there evidence of pollutants leaving the site that may cause non-compliance with the SWPPP?

WZB Proj. #: 96075
Date: 08/14/13

Part 2 — Site Inspection Evaluation	
Assessment of SWPPP Records	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the required modifications from the previous Annual Comprehensive Site Evaluation implemented?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the Quarterly Inspections completed for the last year?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the Quarterly Visual Monitoring events completed for the last year?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the required analytical monitoring events completed for the past year?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the numeric effluent limitation monitoring events for the past year completed?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the required actions (reporting, evaluations) made based on the sampling results?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are all monitoring and inspection reports included with the SWPPP?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is the Spill Log up to date, accurate, and complete?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are training records complete and up to date?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is the non-storm water discharge inspection complete and accurate?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is the SWPPP Certification signed by the appropriate company official?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is the SWPPP Team roster correct and up to date?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Do any records show the Facility is non-compliant with the SWPPP or Permit requirements?

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Part 3 — SWPPP Revision	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Do any elements of the SWPPP required modification to improve effectiveness?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Has the permit been modified or reissued requiring SWPPP update?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Are there any additional elements (e.g., structural modifications or BMPs) that should be added or modified for pollution prevention?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Does the site map need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the inventory of exposed materials need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the description of good housekeeping measures need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the description of structural controls need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the description of non-structural controls need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does any other element of the plan found to be inaccurate or need modification?
<u>Element of SWPPP to be modified</u>	<u>Date Complete (30 days allowed)</u>

WZB Proj. #: 96075
Date: 08/14/13

Part 4 — Compliance Evaluation Results

Check One

<input checked="" type="checkbox"/>	This Annual Comprehensive Site Evaluation has determined that this facility is in compliance with the SWPPP.
<input type="checkbox"/>	This Annual Comprehensive Site Evaluation has determined that corrective action indicated below is needed to bring the facility into compliance with the SWPPP.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signed:

Print Name:

Title:

Date:



Brian Powell

VP

8/15/13

